Pace Analytical

## CHAIN-OF-CUSTODY / Analytical Reque MO#: 1284194

Section A
Required Client Information: Requested Due Date: Mt. Iron, MN 55768 \ddress: WS-003 Thickner Overflow WS-002 Scrubber Make-Up P.O. Box 417 USS Corporation One Character per box.
(A-Z, 0-9 I, -)
Sample lds must be unique **SAMPLE ID** ADDITIONAL COMMENTS Fax: MATRIX
Drinking Water
Waste Vater
Product
Soil/Solid
Oil
Whe
Air
Other Сору То: Required Project Information:
Report To: Tom Moe Project Name: Purchase Order #: TO A SEP C SE P WIT DO COME RELINQUISHED BY / AFFILIATION ₹ ₹ MATRIX CODE (see valid codes to left) 1 wellower SAMPLE TYPE (G=GRAB C=COMP) NPDES-LINE 3 Wkly 9-15-1709:40 3752209:40 24;304,516,421.304,54 DATE START SAMPLER NAME AND SIGNATURE TIME COLLECTED SIGNATURE of SAMPLER: PRINT Name of SAMPLER: DATE BNB 3-1577 DATE SAMPLE TEMP AT COLLECTION # OF CONTAINERS Pace Profile #: Pace Project Manager: Pace Quote: Address: Company Name: Attention: Invoice Information: Section C Unpreserved auchastre H2SO4 ниоз Preservatives HCI NaOH ACCEPTED BY / AFFILIATION Na2S2O3 heather.zika@pacelabs.com, Methanol Other Y/N **Analyses Test** LAB FILTERED: SO4 DATE Signed: × × Lab FILTERED: Ca,Mg,Hard CLIENT: USS CORP PM: MMW からか DATE 13/55 Due Date: 03/29/17 1 TEMP in C State / Location Residual Chlorine (Y/N) Received on SAMPLE CONDITIONS 는,두 나,나 5 lce (Y/N) Custody 5 Sealed 900 Cooler 8 (Y/N)

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5 4

12

Kul marke

Samples Intact (Y/N)

10 9 8 7 6 ITEM #

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## ace Analytical

## Document Name:

## Sample Condition Upon Receipt Form

Document No.: F-VM-C-001-Rev.09 Document Revised: 23Feb2015 Page 1 of 1

Issuing Authority:

Pace Virginia, Minnesota Quality Office

Sample Condition Upon Receipt  Courier:	USPS		Project #	MUH: 1284194  PM: MMW Due Date: 03/29/17
CommercialPace	Other			CLIENT: USS CORP
Tracking Number:				
Custody Seal on Cooler/Box Present?	₹No	Seals I	ntact?	Yes No Optional: Proj. Due Date: Proj. Name:
Packing Material: Bubble Wrap Bubble Bags None Other: Temp Blank? Yes No				
Thermometer Used: 140792808	Type of	Ice: Z	Wet [	Blue None Samples on ice, cooling process has begun
Cooler Temp Read °C: 16 Cooler Temp Cooler Temp Cooler Temp Coorrection Face	Corrected °	c: 2 13	Date and	Biological Tissue Frozen? Yes No NA I Initials of Person Examining Contents:  Comments:
Chain of Custody Present?	√Yes	□No	□N/A	1.
Chain of Custody Filled Out?	₽Yes	□No	□N/A	2.
Chain of Custody Relinquished?	Yes	□No	□N/A	3.
Sampler Name and Signature on COC?	⊿₹es	□No	□N/A	4.
Samples Arrived within Hold Time?	✓Yes	□No	□N/A	5.
Short Hold Time Analysis (<72 hr)?	Yes	No	□N/A	6.
Rush Turn Around Time Requested?	Yes	No	□N/A	7.
Sufficient Volume?	Yes	□No	□N/A	8.
Correct Containers Used?	√Yes	□No	□N/A	9.
-Pace Containers Used?	Yes	□No	□N/A	
Containers Intact?	Yes	□No	□N/A	10.
Filtered Volume Received for Dissolved Tests?	Yes	□No	□N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	ØŶes	□No	□N/A	12.
-Includes Date/Time/ID/Analysis Matrix:	X			
All containers needing acid/base preservation will be checked and documented in the pH logbook.	Yes	□No	ØN/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	Yes	□No	Øn/a	13.
Headspace in VOA Vials ( >6mm)?	□Yes	□No	⊠N/A	14.
Trip Blank Present?	Yes	□No	ØN/A	15.
Trip Blank Custody Seals Present?	Yes	□No	ØN/A	
Pace Trip Blank Lot # (if purchased):				
CLIENT NOTIFICATION/RESOLUTION  Person Contacted:			٦	Field Data Required? ☐ Yes ☐ No Date/Time:
Comments/Resolution:				

FECAL WAIVER ON FILE

TEMPERATURE WAIVER ON FILE

Project Manager Review: Date: 31517

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)